. S. No. 2
DM—5-42
5-17-39
1 X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17434
State File No.

REC'D JUN 8 1943
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 185

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 908 Jule St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 908 Jule
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Irene Thomas
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Hurl Thomas
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased June 21, 1899 (Month) (Day) (Year)

8. AGE: Years 43 | Months 10 | Days 19 | If less than one day hr. min.

9. Birthplace Buchanan County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Invalid
11. Industry or business

FATHER
12. Name Michael Caster
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alice Mayfield
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice Caster
(b) Address 908 Jule St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery
18. (a) Signature of funeral director Clark Mortuary
(b) Address 5025 King Hill Ave.
19. (a) 5-22-43 (Date received by local registrar) (b) Rose Hegoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1943 hour 3 minute 15 p M.
21. I hereby certify that I attended the deceased from ~~xxxxx~~ viewed on May 21, 1943, to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	1 day
Due to: Chronic Myo Carditis	2 years
Due to: 93d	
Other conditions (Include pregnancy within 3 months of death):	

Major findings of operation:
Of autopsy: Woman died suddenly while sitting on the toilet stool. She has had a Chronic Myo Carditis for two years.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. F. Murphy M.D. Coroner (M. D. or other)
Address 464 St. Joseph, Mo. Date signed 5/24/43

125 (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 5/20/43

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Ernest Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.